

Change of Authorized Employer Representative for Employer Self Service (ESS)



Name of Company on File With DWD:	
Name of Newly Authorized Employer Representative:	
FEIN:	SUTA #:
Email Address <i>(for recovery of User ID/Password)</i> :	
Gross Wages Reported in Last Quarterly Report:	

☐ I affirm under penalty of perjury that all information included in this document is accurate and that I am an officer, owner, or responsible party of the employer named above.

Signature _____ Date _____

AN ORIGINAL COPY OF THIS FORM MUST BE MAILED TO:

Indiana Department of Workforce Development
Attn: Jennifer Chappell
10 North Senate Avenue, Room SE 202
Indianapolis, IN 46204

If you need immediate access to the ESS account you may email a copy of this form to jchappell@dwd.in.gov or fax it to (317) 233-9226. You **MUST** indicate that the original version will be mailed to the Indiana Department of Workforce Development by checking the box down below.

☐ I am submitting the Change of Authorized Employer Representative for Employer Self Service (ESS) form via email or fax to gain immediate access to an Uplink account. The original version of this form will be mailed to the Indiana Department of Workforce Development at a later date.